Please	Tpe a plus sign inside this box		PT	TO/SB/01 (12/97)	Аррі	roy	e through 09/3	0/00, OMB 0651-0	032 -			
	DECLARATI	ON FOR I	UTILITY	OR	Attorne	y Docket	Number	04645.0734				
	D A TPENT	DESIGN Γ APPLIC	ATION		First Na	med Inve	entor	Gan et al.				
		7 CFR 1.6				COMPLETE IF KNOWN						
					Applica	tion Num	ber					
=	Declaration Submitted OF	-	Declarati	on d after Initial	Filing D	Date		May 17, 20	01			
	with Initial	N.	Filing (su	ırcharge	Group A	Art Unit						
ļ	Filing		(37 CFR required)		Examin	er Name						
As	a below named inventor,	, I hereby de	clare that:				•					
M	residence, post office add	lress, and citi	zenship are	e as stated below n	ext to my	name.						
	. •		-		_							
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
					-							
Co	ntrol Of Cell Swelling By	the Proper C	hoice Of C	arbon Monoxide ((CF _x) Catho	ode Mater	rials On Hig	h Rate Defibril	lator Cells			
1 =	specification of which is attached hereto											
D Ap	OR					nited States Application Number or PCT International						
	was filed on (MM/D	DD/YYYY)	<u> </u>				cation Num					
□ Ap	plication Number			was amended on (-	<u> </u>		if applicable).			
I h	ereby state that I have revi any amendment specificall			e contents of the al	oove ident	ified speci	ification, in	cluding the clair	ms, as amende			
	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.											
₫	ereby claim foreign priorit						•		or inventor's			
≐ cer	tificate, or 365(a) of any F	CT internation	onal applica	ation which design	ated at lea	st one cou	intry other	than the United	States of			
	nerica, listed below and ha tificate, or of any PCT into											
<u>.</u>	rior Foreign Application			Foreign Filing	T		iority	<u> </u>	py Attached?			
	(Numbers)	Coun	itry	(MM/DD/YY			Claimed	YE				
	Additional foreign ap	pplication nur	nbers are l	isted on a supplem	ental prior	rity data s	heet PTO/S	B/02B attached	hereto.			
I h	I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.											
	Application Number	her(s) Filing Date (MM/DD/YYYY)										

05/18/2000

60/205,361

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

DECLARATION - Utility or Design Parent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

ventor, I herebyed therewith: fumber OR oractitioner's n Name F. Sca Kadle G. Lini	y appoint the	e following	registered practit						in the Patent	and Trademark
ventor, I herebyed therewith: fumber OR oractitioner's n Name F. Sca Kadle G. Lini	y appoint the	e following	registered practit						in the Patent	and Trademark
Name F. Sca Kadle G. Lini	ame/registra		r listed below	ioner(s) to pr	osecute this	application a	nd to transa	ct an business		ing Fragemark
OR Practitioner's n Name F. Sca Kadle G. Lini	,	ation numbe							Pla	
Name F. Sca Kadle G. Lini	,	ation numbe			→					ce Customer ber Bar Code abel Here
F. Sca Kadle G. Lini	alise		Registra		ı -				<u> </u>	
Kadle G. Lini	alise	Name			Name				Registration Number	
Michael F. Scalise Ranjana Kadle Martin G. Linihan Kevin D. McCarthy David L. Principe			34,920 40,041 24,926 35,278 39,336		R. Kent Roberts John M. Del Vecchio Patrick J. Tracy Daniel C. Oliverio Edwin T. Bean, Jr.			io	40,786 42,475 42,187 33,435 16,639	
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto										
Direct all correspondence to: Customer Number or Bar Code Label					OR ■ Correspondence address below					
MICHAEL	F. SCALISE									
Hodgson Ru	uss LLP									
One M&T I	Plaza, Suite 2000									
Buffalo			State	e New York		ZI	P 14	1203-2391	203-2391	
United State	s	Telepho	ne	(716) 856	-4000		Fa	x (7	(716) 849-0349	
se statements w	ere made w	ith the know	vledge that willfu	ıl false statem	ents and the	like so made	e are punish	able by fine or		
le or First l	inventor:			☐ A pet	ition has l	peen filed i	for this ur	signed inve	ntor	
Given Name (first and middle [if any])						Family Name or Surna				
Hong					Gan					
Inventor's Signature								-0 65	Date	
City	East Amherst State		State	New Y	ork	Country	USA	Cit	tizenship	USA
Address	22 Odes	sa Court	ourt							
Address										
	East Am	herst	State Nev		ork	ZIP	14051		Country	USA
	michael Michael Hodgson Ru One M&T I Buffalo United State e that all staten e statements w and that such e or First I Given Nam City Address Address	. Principe gistered practitioner(s) nan rrespondence to: □ MICHAEL F. SCAL Hodgson Russ LLP One M&T Plaza, Sui Buffalo United States that all statements made e statements were made we and that such willful false te or First Inventor: Given Name (first and Address Address East Am	gistered practitioner(s) named on support respondence to: Custom or Bar (MICHAEL F. SCALISE Hodgson Russ LLP One M&T Plaza, Suite 2000 Buffalo United States Telepho that all statements made herein of my estatements were made with the know and that such willful false statements e or First Inventor: Given Name (first and middle) City East Amherst Address East Amherst	gistered practitioner(s) named on supplemental Register rrespondence to: Customer Number or Bar Code Label MICHAEL F. SCALISE Hodgson Russ LLP One M&T Plaza, Suite 2000 Buffalo United States Telephone Telephone Telephone Telephone Telephone That all statements made herein of my own knowledge that willfur and that such willful false statements may jeopardize the or First Inventor: Given Name (first and middle [if any]) City East Amherst State Address East Amherst State	gistered practitioner(s) named on supplemental Registered Practition rrespondence to: Customer Number or Bar Code Label MICHAEL F. SCALISE Hodgson Russ LLP One M&T Plaza, Suite 2000 Buffalo State United States Telephone (716) 856 c that all statements made herein of my own knowledge are true and e statements were made with the knowledge that willful false statem and that such willful false statements may jeopardize the validity of the or First Inventor: Given Name (first and middle [if any]) City East Amherst State New York Address East Amherst State New York State New York State New York Code Label State State State State New York Address East Amherst State New York State State New York State State New York State New York State State State New York State State State State New York State State	gistered practitioner(s) named on supplemental Registered Practitioner Informator Prespondence to: Customer Number or Bar Code Label MICHAEL F. SCALISE Hodgson Russ LLP One M&T Plaza, Suite 2000 Buffalo United States Telephone Telepho	Address Edwin T. Begistered practitioner(s) named on supplemental Registered Practitioner Information sheet PTG prespondence to: Customer Number or Bar Code Label Customer Number or Bar Code Label MICHAEL F. SCALISE Hodgson Russ LLP Cone M&T Plaza, Suite 2000 Buffalo State New York United States Telephone City East Amherst State New York Country Address East Amherst State New York Cauntry Address	Principe 39,336 Edwin T. Bean, J gistered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C at prespondence to: □ Customer Number or Bar Code Label MICHAEL F. SCALISE Hodgson Russ LLP One M&T Plaza, Suite 2000 Buffalo State New York ZI United States Telephone (716) 856-4000 Fa State that all statements made herein of my own knowledge are true and that all statements made on informate estatements were made with the knowledge that willful false statements and the like so made are punish and that such willful false statements may jeopardize the validity of the application or any patent issued e or First Inventor: □ A petition has been filed for this ur Given Name (first and middle [if any]) Family in Gan City East Amherst State New York Country USA Address East Amherst State New York ZIP 14051	and that such willful false statements made herein of my own knowledge are true and that all statements made are punishable by fine or and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. e or First Inventor: State New York Sum Pamily Name or Sum City East Amherst State New York Country USA City City	gistered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto rrespondence to: □ Customer Number or Bar Code Label MICHAEL F. SCALISE Hodgson Russ LLP One M&T Plaza, Suite 2000 Buffalo United States Telephone Tel

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional J	oint Inventor, if any:			□ A pe	tition has bee	en filed for this u	nsigned invento	or				
Given Na	me (first and middle [if	any])	ny]) Family Name or Surname									
Sally Ann	-											
Inventor's Signature							Date					
Residence: City	North Tonawanda	State	New Y	ork	Country	USA	Citizenship	USA				
Post Office Address	396 Hewitt Street											
Post Office Address												
City	North Tonawanda	State	New Y	ork	ZIP	14120	Country	USA				
Name of Additional Jo	oint Inventor, if any:			☐ A petition has been filed for this unsigned inventor								
Given Na	Given Name (first and middle [if any])					Family Name or Surname						
Esther S.					Takeuchi							
Inventor's Signature				Date								
Residence: City	East Amherst	State	New Y	ork	Country	USA	Citizenship	USA				
Post Office Address	38 San Rafael Court											
Post Office Address												
City	East Amherst St		New Y	ork ZIP 14051			Country	USA				
Name of Additional Jo	oint Inventor, if any:		[ınsigned inventor								
Given Na	me (first and middle [if		Family Name or Surname									
Steven M.		Davis										
Inventor's Signature		Date										
Residence: City	Batavia	State	New Y	ork	Country	USA	Citizenship	USA				
Post Office Address	st Office Address 116 Woodstock Gardens											
Post Office Address	st Office Address											
City	Batavia	State	New Y	ork	ZIP	14020	Country	USA				

